A Journey to the Stars – Five Stars
Webinar Transcript

Krista Davis:	Good afternoon everyone, and welcome to today's webinar, A Journey to the Stars – Five Stars, which is the first in Quality Insights' brand new summer webinar series about the topics that matter most to you. My name is Krista Davis, and I am communications specialist at Quality Insights and your host for today's call. We'll get started with today's program in just a few moments, but first a few housekeeping items.
Krista Davis:	All participants enter today's webinar in a listen only mode. Should you have a question or a common during today's call, we ask that you please type it into either the chat to the Q and A box to the right of your screen. This program is being recorded. The recording and the slides will both be available in My Quality Insights in the Nursing Home Quality Care Collaborative section soon. At the end of today's program, you'll be asked to complete a short evaluation. This evaluation will help tell us how we did and how to shape future programming. We thank you for your help with this. It is at this time that I would like to turn the program over to the Nursing Home Quality Care Collaborative Network Task Lead from Louisiana, Julie Kueker. Julie?
Julie Kueker:	Thank you, Krista, and thank you to all participants who are joining today for our brand new summer series. We are going to review those topics that we have heard from you that are of importance that you want to know more. Today, our first in the series, we're going to review the CMS Five Start Rating System. As you heard back in April, there were some changes to this reporting system, so we want to make sure all of our participants are abreast of everything that has gone on and to make sure that you have all the information you need so that your public reporting can be exactly the way you want it to be and reflects the great care you provide in your home.
Julie Kueker:	Now, the objectives for today, we are going to do a quick review of how Five Star works. I felt that that was important to really go into the three domains that make up the Five Star, because if you don't have that good refresher on how Five Star works, the changes may not mean as much to you. We're going to go through those three domains that make up Five Star. We're going to go through the changes and what the quality measure domain is used for Five Star.
Julie Kueker:	Now, that deeper explanation for these quality measures are going to come on June 26th. This is the second in our series for these hot topics. Don't miss out on that June 26th webinar where Pam and Sheila will review in detail your quality measures, your numerator and your denominator, what does risk adjusted mean, are they on Five Star, or are they just found on CASPER? It can be confusing, but they are going to take all of that noise away and give you a really good explanation on those quality measure. Don't miss out on that. That flier that you received to register for this webinar also includes those links to register for the next ones.

Julie Kueker:	We're also going to go through each of those changes that came to Five Star, and at the very end we're going to show you if you're unhappy with your Five Star rating, how can you use quality improvement, how can you use QAPI to get that better the way that you want?
Julie Kueker:	As I started in the beginning, Nursing Home Compare, the mechanics of it has remained unchanged. It still is comprised of three domains, and that includes health inspections, staffing, and quality measures. We're going to go through each part individually. Now, Nursing Home Compare, you know a lot of people also call it Five Star. It was created to help consumers and their families, caregivers, to get some good information on nursing homes in their time of need if a loved one does need placement in a nursing home. It was also designed to distinguish between high and low performing nursing homes, and that overall rating is divided and derived from three categories. You will find that website that takes you to that great information listed below.
Julie Kueker:	Now, this is a screenshot of the Nursing Home Compare website. I just took this just a few weeks ago, and you'll see that there are a few changes if you haven't been out there lately. You'll see the tabs running across the top of health inspections, buyer safety now has its own tab, staffing, and quality measures also has its own tab. Now, here are your updates for Five Star. We're going to go through in this presentation each one a little more deeply, so this is just your overview.
Julie Kueker:	In April, remember prior to April the methodology for health inspections only included the last two cycles, survey cycles. That was because they were, CMS, was implementing a new quality survey process and so they felt that they needed to freeze until all of that process was complete, they analyzed the data. Well, that has been complete. We are now back to that traditional method of using three cycles of inspection, and so that is your new change for the health inspection domain. Also, they have separated out for those quality measure domains you now get a separate score for short and long term quality measures. There will be regular updates to the thresholds, to the points, if you will, the grading scale, we'll go through that in a moment, about every six months or so.
Julie Kueker:	Some quality measures that CMS felt were important to care issues are weighted heavier, and the short stay pressure ulcer and short stay discharge community measures currently in place will be replaced with their comparable quality reporting program measures.
Julie Kueker:	There's also a new long stay hospitalization measure and a long stay emergency department transfers. We'll go through that. As well as staffing is now calculating using a new formula that they call Hours Per Resident Per Day. That RN staffing hour is weighted a little more heavily, and now you get an automatic downgrade to one a star if no RN hours are reported for four days, where before it used to be seven.

Julie Kueker:	I would encourage you to, I have the website listed below here on this slide, every once in a while go visit that site and see if there are updates to Five Star. This technical manual is where you're going to find those changes. It is where you're going to see if there is something new that you need to determine to be able to figure out your score rating for your facility. Every once in a while, make sure you bookmark that site, go out there and look at the technical manual for Five Star, and make sure that you have the absolute latest information.
Julie Kueker:	Let's get into Five Star. First, we're going to talk about health inspections. Health inspections are the foundation of your Five Star rating. The stars that you get in health inspections are going to be yours to keep or yours to lose. If you do poorly, one star status, in staffing or quality measures, will actually lose stars from that health inspection domain. However, if you do very well in staffing and quality measures, you might actually get stars added to what you made in that health inspection domain. That could also affect your total overall score. Since the health inspections is your foundation, let's go right in to figure out how this health inspection domain works.
Julie Kueker:	Well, first off your deficiencies that you get on those surveys, annual surveys, or maybe a complaint survey, the points that you get on those deficiencies, the tags, are translated into points. The points depend, also, the level of severity and the scope. Now, we have gone back to our traditional methodology, as I stated before, so we are looking back for those three most recent annual inspection surveys. More points are a sign for serious, widespread deficient practices and fewer points for fewer tags, and especially if they are lesser in nature. In your health inspection domain, it is very important to remember you want very few points. You want zero points if possible. The lower the points, the better here.
Julie Kueker:	When we get into staffing and quality measures, that will not be the case. You want as most points as possible, but for health inspections, we want that to be as low as we possibly can get it. Substantiating findings from the most recent 36 months of complaint investigations could also result in points being added to your health inspection score. Be aware of that as well.
Julie Kueker:	For this score, what CMS has done is for those three survey cycles, for the three most recent survey periods that you have had, they weight them. The most recent is the one that is weighted the most. It is half of your health inspection score. The year prior to that is weighted one third. Your survey period that was three years ago, that is one sixth. Each of these weights are summed to be able to provide you with your total health domain score.
Julie Kueker:	In addition, if you have to have a complaint survey cleared, if it's not clear on that first revisit, which no points are assigned if it's cleared on that first visit, but if the surveyors come back two, three, four times to clear that complaint survey, then that could potentially mean points added to your health inspection domain. I have some clear examples for your coming up. Its going to make perfect sense.

Julie Kueker:	For those nursing homes where they are deemed to be a Special Focus Facility, this is one of your changes. This is a screenshot from an actual nursing home that's a Special Focus Facility that's out in California. You'll see for that overall rating no more will you get delineated to be a one star. It will actually have a yellow warning sign by that overall rating. You'll notice on the screenshot, at the bottom center and going over a little bit to the right, you'll see some other changes. Where it has health inspection rating, normally you would see a one to five star day there, staffing the same way, and quality measures, but for a Special Focus Facility you will notice that it now says Not Available.
Julie Kueker:	I have included in this slide your link to determine who is a Special Focus Facility across the nation, so you can see for yourself if your facility has stumbled into being one of these Special Focus Facilities. I encourage you to reach out to us, Quality Insights, your QIO. We have tools and resources, and we can guide you through the process to make sure that you're on your pathway to improvement.
Julie Kueker:	That Five Star Technical Manual that I showed you a few slides ago that I encouraged you to download, this is a screenshot of one of those pages. Remember I told you that CMS turns your health inspection deficiencies into points. This is your grid. This is your Rosetta Stone. This is your key that show you how many points that you get for survey tags. If you had a level two that was isolated in nature, that's four points. Same thing for level two that's in pattern in scope. It is worth eight points. Those are the most common two deficiency tags when we work nursing homes up to get to the bottom of their Five Star rating.
Julie Kueker:	Now, be aware, for Nursing Home Compare, when consumers go out there and they pull your surveys and your historical past what performance has been, where on the Five Star technical manual, they use the words isolated, patterned, and widespread, isolated is used as few, patterned translates to some, and widespread is many. On Nursing Home Compare, they use the words few, some and many, and on the Five Star manual they use isolated, patterned, and widespread. Don't get confused on that. This is your page that is going to be on that user's guide that tell you if you get a certain tag with a certain scope, this is how many points its worth. Same thing with if it were points assigned from a t survey.
Julie Kueker:	Speaking on complaint surveys, if it is cleared in the first revisit, no points are added. On that second, third, and fourth, you have the potential to get a lot of points added if that complaint is not cleared. The moral of the story is, if you do have that complaint survey, and there is something identified, get that QAPI team to really get involved to make sure it's cleared on that first revisit it possible.
Julie Kueker:	Now, the health survey domain is made up of points. Remember, I showed you the page. Some are worth four points, some are worth eight points, and you're going to add them up. Well, once you get that score, you'll need to plug it into something to figure out if it's a one star or two star or hopefully a five star. I call

that the grading scale. Now, CMS in the technical manual calls it Health Survey Cut Points. I like to call it the grading scale. You can take your number, you can plug it in, and you can see if you made an A, a B, a C, or if you were a five star, a four star, and so forth.

Julie Kueker: Now, be aware, because all of these surveys are going on actively in every state, they get an average of all these survey data coming in every month. The cut points or the grading scale, as I like to call it, is recalibrated every month. It's recalibrated every month. Therefore, if you're right on that age. Let's say you're a 15. In my state, a 15 may be a four star. When they recalibrate it, you've got to be a 14.9, so boy. I was right on that edge, so all of the sudden I become a three star without even having a survey. If nothing has changed for you, you haven't had a complaint survey, you haven't had your annual survey, and your quality measure points and staffing points are the same, and yet your score has changed, it's possible this could be the reason. You were right on that edge between a three a four, a four or a five, whatever it may be, and that grading scale changed. I'm going to give you an example here in just a minute.

Julie Kueker: This is where you're going to find that cut point table, that grading scale as I'm calling it. Here is your link that I have provided to you on that slide. You're going to click on it, and once you do you will find that the values change for each state. The examples I'm going to use for you today are Louisiana from May. However, once you go in there and they have updated for June, you'll look for your state, and you'll find your survey level experience. You'll see what your grading scale was for your state.

Julie Kueker: Now, also remember we talked about how consumers can go out to Nursing Home Compare, and they can get to your survey experience. They can get to information on how many tags did you receive in your very last survey. In case you haven't made that journey for yourself, I wanted to donate a couple of slides so you'll know how to navigate that for yourself. Remember that screenshot, that's the one that's up in that left hand top corned on the slide that you're viewing right now, the second tab says Health Inspection. When you click on it, at the very bottom, it'll say, "View all health inspection details." I have it highlighted there. That hyperlink is that red arrow.

Julie Kueker: If you click on it, this is what the consumer is going to see. It'll come right up. It's kind of... It's all in one screen that you're going to scroll down, but I put it in two parts so that we can view it for our presentation. Left hand top corner will give the consumer your totals for each year. When we scroll down, which what you are seeing your right bottom corner, you will see what the consumer will see that maybe you had a level two that was few. As we plug that into our grid, we'll know that is worth four points.

Julie Kueker: Let's stop right there for just a second before we go to our next slide. I know in years past level two that's worth four points, level two that's worth eight points, getting give or six levels two that were few in scope, boy, that was a good survey. We did pretty good. There was just four or five little things we

identified. They were few in nature. Not anymore, because, remember, they're worth four points each. Four times five of them is 20, and now we are plugging that into a formula, and these things can add up. Be careful and not be complacent and accept the fact that, "Oh, we may have five, six, or seven, but they're all level two, few in scope." Those points can add up and can affect your overall score.

Julie Kueker: Let's practice. Here's an example that I have provided for you, and this particular nursing home has not had their 2019 yet, so you'll see their sums from 2018, 2017, and 2016. Their most recent survey, they only had two level Ds, so those are worth eight points. Well, they had two level Ds, but they also had two level Es for the last year, so that added up to 24 points. The year before that, also added up to 24 points. In years past, those would be great surveys. They were all level twos and of low level. However, once we're assigned points to them, that's not quite the case anymore. Now, I did use for this example Louisiana cut point, or the Louisiana grading scale if you will, from my example. When you plug in those numbers, you'll see that their adjusted survey point score was 15.21. In my state, in Louisiana, that makes them a three star.

Julie Kueker: In years past, when just a few of these level two tags were not a bad thing, they can really add up. Make sure that we try to get as few tags as possible and as low level as possible. Couple little items to make sure on that top Excel portion of that slide. You'll see in purpose it says, "If you've had a recent survey, this may start with 2019." In my example, they haven't had a survey for 2019, so it you are writing to me, or writing to Quality Insights, or one of your project coordinators from your state, and you want this blank Excel worksheet, I'm showing you a piece of it here, to where you'll be able to work up to Five Star for yourself, remember to have that little reminder for yourself that your survey points may be 2019 and not 2018. Just write to us, and we'll give you this Excel spreadsheet and help you through how to do it.

Julie Kueker: I've circled in red the survey targets for data workup Louisiana, May 2019. The reason why I did that is because these cut point tables update every month. Don't forget that this grading scale may change and need to be updated as well as to your state.

Julie Kueker: Another point I purposefully added this up to make sure it was 15.21. You can see how dangerously close they are to a four star. With all other things being constant, no updated staffing, no updated quality measures, but we have had an updated cut points table, it is possible that my example nursing home here may be a four star next month and then drop back to a three start depending on what is occurring with that. Be aware of that.

Julie Kueker: Now, let's move onto the staffing domain. Health inspection was the foundation. Those are your stars to keep. They're your stars to add to or maybe stay the same depending on the performance of staffing and quality measures. Let's talk a little bit about the staffing.

Julie Kueker:	As I stated earlier, it is now reported as number of hours per resident per day. Now, the PBJ has happened a while ago, so you are very well familiar that has replaced that old, old methodology where when they came in to survey you had to fill out the 671. Well, that hasn't happened for a while. The staffing hours now do come from that electronic payroll-based journal. The staffing measures that are found on Five Star, not that they're necessarily used for your Five Star measure, but what's reported on Five Star now is RN, total nursing hours per resident per day. These top two are what's used on your Five Star score. Physical therapist hours per resident per day, and the average daily census.
Julie Kueker:	As I stated earlier, the staffing's data source for your electronic payroll based journal is you. You're the one that put in your data. You're the one that's electronically transfered that up into CMS. It includes the categories of Director of Nursing, your Registered Nursing. Remember those two are given a lot heavier weigh now. Licensed practical nurses, those LPNs now that have administrative duties, nurse's aide and medication aide. The data also include that daily resident census calculated from the MDS.
Julie Kueker:	Now, I know there is some questions out there about how to calculate. Do I get to count hours during lunch of somebody works through a lunch? Which the answer is no. If my director of nurses goes to the floor, how do I count her hours? You'll see in small little letters under there it takes you right to the PBJ CMS website. They have a phenomenal document out there called a frequently asked questions document, and they update it from time to time. Any question that you think that you might be able to want to know on PBJ, it's asked and answered. I want to encourage you to download that document because it will answer, I bet you, the majority of your questions. Don't forget to check your reports that come through CASPER and [inaudible 00:26:05] to make sure that you're entering your data there correctly.
Julie Kueker:	To recap the Five Star staffing updates for 2019 do include they are now called Hours Per Resident Per Day, HPRD. RN nurses are given greater weight. The lowered the threshold for the number of day with reported RN staffing from seven days in the quarter to four days. Facilities reporting four or more days without at least eight hours or more of RN on site, you will automatically receive a one star in staffing. It is to behoove you to make sure your reports are correct. That would be very disappointing to you I'm sure to have an abundance of RN hours yet somehow they got misreported on PBJ, so you are an undeserved one star for the quarter until everything then gets updated. Make sure that you are reporting these correctly. Staffing ratings are no longer suppressed for facilities with 5+ days of no reported staffing.
Julie Kueker:	I wanted to give you an example of what it looks like out there. This is just a nursing home that I pulled out of Hawaii that had no RN staffing. It has a little designation of a 12, and when you hover over it, it does come out, and it does state that the facility didn't either submit their data, or they had a high number days without an RN, and it couldn't be verified.

Julie Kueker:	Let's practice. You're going... You can download the CMS file that has your numbers that CMS uses to calculate your Five Star rating. In this example here, the total nursing hours was 3.828. When you download this file, this file is actually pretty huge. It's in the very last section they have something called Adjusted Hours Per Resident Per Day. Make sure you use the column that says Adjusted Hours Per Resident Per Day, because the hours reported, the hours expected, are not what is used for Five Star. They take those hours you have reported, they plug it into a formula of hours they expect based on the acuity of your building, and then it spits them out of a number of what adjustment should be and what that staffing should based on the acuity that you told them through the course of MDS.
Julie Kueker:	In this particular example, it came out to be total nursing 3.828, and total RN hours .624. I took a section out of that Five Star Manual I have included for your guys to download, and I've highlighted here so you can kind of see how they came up with a three star. 3.828 on that left hand column going down where it says RN rating and hours, well that fell right into that three category. Right over to where that 3.828, which is also a three stars, gives this home a three star rating overall, which isn't bad. You certainly do not want a one star in this category.
Julie Kueker:	If you are a one star in this category, CMS will take a star away from your health inspection domain, which translates into a lowered overall total score, which we'll go over here in a minute.
Julie Kueker:	All right. Now let's go into the quality measures. The changes that have happened here, they have increased the number of quality measures that are used to calculate your five star rating. 12 come from the MDS, meaning how you are answering questions on that MDS instrument for your residents. They're using the data from that to plug in to create your percentage for 12 of these quality measures. Five are claims-based. They've added two new claims-based quality measures, which is long stay hospitalizations and long stay emergency visits. The changes we had to Five Star last year included these categories in short stay, but they have now added long stay to the Five Star rating system.
Julie Kueker:	Short stay pressure ulcer, short stay successful discharge is now replaced with that quality reporting measures, and I want to remind you to attend the webinar in a couple of weeks on June 26th where Pam and Sheila are going to review with what the definitions and how these quality measures work and what their data sources are. Long stay physical restraints has been removed from the Five Star calculation. You will still find it out there on Five Star, but it's no longer used for the calculation for the quality measure domain.
Julie Kueker:	In addition, additional changes do include that you will get a separate rating now for your short stay and your long stay. Both of those will be averaged together to create the quality of resident care, that quality measure score domain, which is used into Five Star.

Julie Kueker:	Let's look into some of these quality of measures. So you know where they're coming from, the data source is from the MDS for these following long stay quality measures used for your Five Star score. They have to do with ADLs, their ability to move independently has worsened. You'll notice this asterisk here. That means it's risk adjusted for your facility. Percent of high risk residents with pressure ulcers. This doesn't say resident with pressure ulcers. It says high risk, because there's a little different way that they define the numerator for this one. Pam and Sheila will discuss this with you in a couple of weeks. Percent of residents who have or had a catheter. That's also risk adjusted. Urinary tract infections, pain, fall with major injuries, and the percent of residents who have receive an antipsychotic medication.
Julie Kueker:	Now, the claims based measures that have been added for long stay are two: the number of hospitalizations per 1,000 long stay resident days, and the number of outpatient emergency department visits per 1,000 long stay resident days.
Julie Kueker:	Now, your short stay MDS quality measures include those who have made an improvement in function, percent of those residents with pressure ulcers that are new or worsened. Both of those are risk adjusted. We have pain and those who have newly received an antipsychotic medication. Those are your short stay measures that come from how you answer questions on the MDS.
Julie Kueker:	The claims based measures include percent of short stay residents who are re-hospitalized after a nursing home admission, percent who have had an outpatient emergency department visit, and were they able to be successfully returned to home and community from discharge.
Julie Kueker:	As with staffing, the more points, the better. The better your performance that you have on these quality measures, the better your score will be for this quality measure domain. If you can pull off a five star here, a star will be added to your overall score, and it improves your rating.
Julie Kueker:	Now, all quality measures are not created equal as you see here in my chart. One of the big changes that CMS has done is some that they have deemed to be a higher care issues are now worth more points. If you do poorly in some of these quality measures, you're not potentially losing out on 80 points. You could be missing out on 130. Be aware of these quality issues. These quality measures that are on the left hand column that are now worth 150 points, and then on the right hand side, which you see some of the remaining quality measures, which are worth the standard 100 points, which we already have been used to in the way that they calculate Five Star for the quality measures. Be aware, some of these are now more heavily weighted. They are worth more points.
Julie Kueker:	Another thing to consider. This is a screenshot straight from the technical manual. When you add up... Let's say you got a perfect performance in every single long stay quality measure. That will add up to 1250. If you get a perfect performance in your short stay quality measures, that adds up to 900. To

compare apples to apples, the methodology that what CMS has done is to have, once you add up that short stay quality measure, you have to multiply it by that number you see there, 1.3889, and that will bring it up to 1250 to match the long stay. If you're figuring [inaudible 00:36:16] out for yourself, and you figure out your short stay quality measures, and you're thinking, "Well, CMS shows me a three star. I'm coming up with a one. What is going on here?" Don't forget that you have to adjust the score of applying that fact of 1250 divided by 900, which is 1.3889. You have to multiply it, because they are forcing these quality measures to equal the same. Don't forget about that.

Julie Kueker: Now, we do have this quality measure Excel sheet to help you, and these adjustments are already built in. You'll see here in a second, once you put in that number, the next cell will automatically multiply this out for you.

Julie Kueker: This is one screenshot of many pages that are in table two. I wanted you to get an idea of when you get your raw score, for pain, for example, you can plug it in to figure out if your 80, 60, or maybe 100 points. You can see there the last quality measure on this example has to do with antipsychotic medication. It's worth 150 points, in the old days if you did poorly and you go 40, well, you were only missing out on 60 points. Now, if you hit 45, you are missing out on a lot points. You're leaving a lot on the table that could help you with your Five Star score.

Julie Kueker: Let's practice. Let's slow down a little bit, and let's look at the quality measures. This is a screenshot of part of that Excel worksheet that I was talking about. Now, when you work this up, and you put in your quality measure rate, it will come up with what... You have to pull table two out of the technical manual. You plug in that number, and it will tell you what your score is. When that particular score is 15, which meant you left a lot... There's 135 points on that table right there, because ADLs are about as low as they can get at 15 points, especially this is a higher measured weighted quality measure. High risk pressure ulcers, not so bad. Room for improvement. You made 60. Residents with a catheter did very well at 100. You maxed out on that.

Julie Kueker: Dropping down to moderate to severe pain, well, there was a lot of points left on that table. We are at 40. We could have gotten 100 points here, so that was 60 that we could have gotten. When you plug in your numbers and put in those domain points, you'll see where that total long stay quality measure points, it adds up to 635. Now that total short stay quality measure points, if you go down to those short stay quality measures, it added up to 653. Remember those points have to be adjusted. We have to multiply it by 1.3886 to be able to get to the number so that we're comparing apples to apples.

Julie Kueker: Every once in a while, look at that last quality measure there. The successful community discharge. Every once in a while, when you look out on Five Star, you'll get a data not available. Sometimes they will say, "Worse than that national average." Sometimes they will save, "Better than the national average." You'll have to use, just for your own QI purposes, this isn't anything official, this

is just for you to work up for your own QAPI, you'll have to use your best guess on what's a better than national average or a worse than national average. Perhaps you are using the national average to be able to just plug something in there. You get a pretty good idea of where those points are, but I wanted to make sure that you understood sometimes you will come across that. For your CMS knows the number, because they have all of your data for over a year, but for public consumption, sometimes they do put that out there for NA.

Julie Kueker: I also want to let you know that for these quality measures that are reported on Five Star, they are a rolling four quarters. They're averaging out four quarters, and when a new quarter comes in, the old quarter will drop off. That is done to help you. There's no spikes to some of these quality measures sometimes. This is done to average you out for a clearer picture over time.

Julie Kueker: Now, when you are doing your quality projects, and let's say pain for example on this scorecard here that you're looking at. Moderate to severe pain is 40, so we left 60 points behind. We want to improve that because it responds really well to quality improvement. That's a really good project. We can get the team empowered. We are on board. Well, I would encourage you to track your quality project either with internal data or with your CASPER data, because if you want to track improvement through Five Star, because it's an average of four quarters over time, then it's going to be a little less responsive than some of these others that you can get your hands on that are run quarterly or internally monthly where you're going to see your improvement right away. It's a while before it's out here to Five Star.

Julie Kueker: Also be aware that your claims based measures may be a bit old and a bit older than what you would think. When you go out to quality to the Nursing Home Compare website, and you go into the quality measure domain, there is a little section up there that says more about the data. When you click on it, it will give you the data ranges and how all this data is or is not. You can get a handle on how old this data is for the claims based measures, because if you're doing a quality improvement project in that category, you may want to consider doing internal data tracking. We can help you with that.

Julie Kueker: All right. Now we're going to get to the overall Five Star score. It starts with your health inspection rating. If staffing is four or five stars, you get rewarded with a star on that overall rating. If staff's a one star, you're going to lose a star from whatever you achieved from health inspections. For the quality measure domain, if you get five stars, you get a star added to your health inspection domain, but if you're a one star, you're going to get that star subtracted from whatever you made on that health inspection rating.

Julie Kueker: Now, if your health inspection rating is one star, the overall quality rating cannot be upgraded by more than one star based on the staffing or the quality measure ratings. If you are Special Focus Facility that has not graduated, you do not get a star rating at all.

Julie Kueker:	In this graphic, it kind of gives you a little depiction of how this thing works. To improve your overall Star Rating, you have to get a good overall health inspection rating, four or five stars out of staffing, five stars out of quality measure all translate to a great improved overall Star rating. For staffing, you'll see above it in blue if you've got a four or five stars, you're going add a star to whatever you made in health inspection. If the staffing is a one star, you're going to lose a star. Same thing with quality measures, but here you have to be a five star to get that extra star. If quality measures are a one star, you're going to lose a star based on what you made in the health inspection domain.
Julie Kueker:	Let's practice a little bit. Here we have Nursing Home A. They were three stars. They got five stars in their in the star rating, and they did three stars in quality measures. Not bad. They didn't get themselves hurt, but they did spectacularly in staffing, so they get a star added for their overall rating. That overall rating is now a four star.
Julie Kueker:	Nursing Home B. I see this more times than now. Nursing Home B and C where your health inspections are phenomenal, but you've got a one star in staffing, you've got a one star in quality measures, so now you are a two star over all. If you take anything away from this, one of the things to take away... Well, there's two things really to take away. Health inspections, the best you can be, and make sure at least you are not a one star staffing or quality measure to hurt that overall score. Shoot for the stars. Try to be four or five in staffing and five in quality measures. We're here to help you to make sure that happens.
Julie Kueker:	Nursing D happens more times than not, but at least they made a five star quality measures. They were a one star in staffing. Negated the damage, so they remained and got to keep all their stars that they had for health inspections.
Julie Kueker:	Let's talk about how to improve the Star Rating. This is one of the meetings that us here in Quality Insights we have over and over with our providers. They want a better Star Rating. Well, first is to get good surveys with little to no points. That can improve your Star Rating. Make sure that your staffing is at least not a one star. Shoot and try to get that four or five stars for staffing, and make sure those quality measures at a minimum are not a one star and are hopefully a five star. Every one of these will improve your star rating.
Julie Kueker:	We're going to focus just a bit with the remaining time that we have on quality measure domain. It is the one that's the most responsive to improvement. I know that I said that it rolls with four quarters, but if you have a dramatic improvement one or two quarters, that is enough to move the needle to potentially give you more points, because you're working towards that five star in staffing. That is typically the domain. You're reported quarterly now in staffing, so if you hire more staff, that can also be responsive. Annual rating, usually only happens in the year. Maybe complaints surveys push it a little more often, but that annual survey you don't want to be waiting for a whole other year to get a really good survey to try and improve your star rating. There are things you can do right now. You can improve staffing if you're able to add some

staff to those categories that you perhaps were deficient in. You are reported in your total nursing, in RN, so you figure out which category needs the most improvement. Perhaps both.

Julie Kueker: The quality measures are where you can really dig your heels in and figure out for your team how to get maximum points. Now, remember that slide I showed you that had that Excel worksheet? When you get that back from us, it has those areas where you were deficient in points, those are in red. You will be able to figure out, "Those are good quality improvement projects, so let me get started."

Julie Kueker: We always recommend that you start using the QAPI method to improvement. It's tried and true. It's also in the final rules. You can document something for your performance improvement project through QAPI. You're just about on stage three here, so QAPI needs to be a smooth running machine. This is a great opportunity to look at some of those quality measures from Five Star, see if some of them are a good candidate for a performance improvement project, and let's review just a little bit on how to get started with that.

Julie Kueker: For that performance improvement project, we do recommend that you go through some pretty specific steps. Overview, for example, when you're pain... Let's talk about perhaps you're going to do that pain quality project. You can outreach to us, your QIO, and ask for some national guidelines and resources. What are some best practices you might want to consider for your project? Once you do that, you'll want to do a root cause analysis. Set that goal with a timeline. We can talk a bit about improvement data, and what's that action plan to improvement and to sustain what you have done. These are the steps we recommend for any performance improvement project that you may want to initiate.

Julie Kueker: For that root cause analysis, you're going to keep asking why. Keep asking those why questions until you have identified the real causes to the problem. As everyone on your Quality Insights team can tell you, we have grown several projects with our providers, and many times the first reason that folks think of why their quality measures are poor performers may not end up to be the true reason. We want you to go through the exercise of that root cause analysis because it reviews all the details of the problem. Everybody has a hand it.

Julie Kueker: Here's an example that I have for you that you can get from us that we can help and guide you through. The reason for the exercise is if you go through and you describe the event, and you try to identify all the pieces to the puzzle and the problem. If you figure out perhaps it's not what you thought it was, and you've done the five whys, or you've done this fishbone, then you don't have to go back to square one. You pull the document, and you say, "Well, what else did we think it was? Maybe we should start there."

Julie Kueker: A root cause analysis is not just an exercise you want to do to satisfy survey and make sure your performance improvement project sparkles and shines for

surveys. There's a really good reason why you'll want to go through the exercise of a fishbone diagram because it helps you identify the pieces to the problem, things you may not have thought about. Everybody working together so even the CNA that is now on your performance improvement team, she can be empowered. If she's empowered to the solution, she certainly isn't your barrier to improvement.

Julie Kueker: You'll want to set those goals. It's important because you want to make sure you quantify what improvement looks at. What does it look like? If we say we're going to have a 5% or 8% improvement, and then in a couple quarters we do, that could've been an accident. You want that goal to be stretched. You want to set it good, aggressive. 20, 25%, whatever it might be, we can help you set these great goals. It should follow the SMART formula, which is specific, measurable, attainable, relevant, and time bound. Those are built right into the sheet that we can provide to you. It's also free for download from CMS. I've included that link, and it will help you write and figure out where you want to go with your improvement project, and what does improvement look like.

Julie Kueker: Now, Quality Insights has several example documents for several topics. If you're curious of whether your goal-setting worksheet is correct, write to us. Ask us for an example or two, and you can compare to some of your own work and see if you like what you have done.

Julie Kueker: We always recommend that you do that Plan, Do, Study, Act for improvement, for that problem solving, to make sure that you've gone and worked the problem methodically, analyzed that data, and what changes are being made, and what is the next in that cycle. We do recommend that for you.

Julie Kueker: Now, before we move to questions, I do want to remind you we have two more webinars in this summer series. The next one is quality measures: how are they defined? How are they used? The last one, we're going to talk about we know that that payment driven payment model is coming at the end of the year here. How can we use that to our advantage for our performance improvement project, for QAPI, and what would that look like? Join us for that one as well. Krista. I think we might have a bit of time for some questions.

Krista Davis: We do, Julie. Once again, if you have any questions for Julie, we invite you to now type in either the chat box or the Q and A box on the right side of your screen. We'll get to as many questions as we can in the remaining six minutes or so in the hour. Those questions that we do not have time to address, we can address via email after the program is over. Julie, the first question we got was very early on in the presentation, and the question is a clarification of something that you stated. The question is, "Do you mean that staffing and quality measures can improve your overall score, not your health inspection score?"

Julie Kueker: That is exactly spot on. Health inspections are the foundation for that overall score. You can get stars added to what you made in that health inspection score

to improve your overall score, or stars can be taken away from what you made in that health inspection score, which would hurt your overall score. In other words, your health inspection score, they're your stars to keep, they're your stars to lose, they're your stars to be added to based on your performance in the other two domains, which is staffing and quality measure. All three play into how we come up with that overall star rating.

Krista Davis: Thank you. Our next question is, "What would be a scenario where an RN would not be working for more than eight hours for four or more days?"

Julie Kueker: What would be a scenario if an RN would not be working for more than four days? I'm not quite sure what the question is there, but I do know that for the staffing portion for PBJ, the changes... It used to be if you didn't have an RN for seven or more days without eight plus hours of a reported RN per day for seven days, then in that time frame used to be an automatic one star. Your changes now include this dropping down to a four days. If you have four days or more where you do not have at least eight hours reported for an RN, then this goes on for four days... Let's say for four days you have an RN working only four hours for four days... It has to be eight or more hours per day, then CMS will automatically make you a one star.

Julie Kueker: You don't have until the score comes onto Nursing Home Compare and be surprised. You can look at the staffing reports. These come to you. These alerts come to you, and you can run them, and you can make sure that everything's going well with your PBJ electronic system, that what you're putting in you're liking what you're seeing back. You think it's accurate. There is no need to wait for anything to come up to Five Star and find a surprise that away. You should be running your reports at least monthly.

Krista Davis: Thank you. Our next question is, "It used to be that you would be held until the next annual unless you had a complaint survey or a complaint survey had come off." What she means is the cut points may change each month, but your site would not change the new cut points until your next annual or another reason as previously stated.

Julie Kueker: I've had nursing homes where their star rating changes based on these new cut point tables, so download the CMS Technical Manual, and make sure that you have all of those links and all that information, and you can read that, and you have comfort in what that technical manual is telling you. Once you have that, your annual survey, then you will, you'll plug that into the... You'll download those cut tables every month, and you'll be looking to make sure that you're plugged in.

Julie Kueker: In doesn't happen that often. I really have had that happen almost rarely that someone is right on that edge, because as these values change from month to month, they really don't change that much. They're like .6 or .5. I have been seeing some movement here lately with the cut point tables I think as the new QIS survey comes into place and this new data, all this rich data comes in. I have

seen some movement there, but make sure to compare. When you're adding up your scores of what you find on your Five Star, make sure you are downloading your cut point table so you can plug that in.

Krista Davis: Thank you. Our next question is, "Where do I find the claims data that is not on the CASPER? Is there a separate report or a website that I need to log in to find the data?"

Julie Kueker: You actually get to it through Nursing Home Compare. It can... It's not difficult, but when you go into that Quality Measure tab... Remember on one of those very first slides I had, when you went into Nursing Home Compare, if you pull in for your home, you'll see all these tabs across. You'll pull into the Quality Measure tab. There right up at the top in blue it'll say something like, "Find out more about this data." When you click there, it actually will have links to the CMS data sets and the data sets that it used for your Five Star as well as your claims-based. Also Quality Insights does have some of these claim-based measures as well. I guess the easiest thing to do would be to email me, if you want to put my email address into the chat box there, Krista. It's J-K-U-E-K-E-R at E-Q-H-S dot org. I'll make sure that you have access to the data reports that are on our website as well as give you a little bit more direct link that's out there to those data sets that CMS has for public consumption and are used on the Five Star website.

Krista Davis: Thank you, and our next question is, "I missed the comment on how often staffing data/star rating is updated. Can you repeat please?"

Julie Kueker: The staffing is updated quarterly based on your submissions. Then after it's updated per quarterly, it does take CMS a bit of time before that translates into when they put out up there for Five Star. There is a section on the staffing, and it'll also say, "Learn more about your data." When you click on it, it'll tell you about what quarter that they're on. If you're on a new quarter submission, that kind of gives you an idea of how long CMS it will be before your new data gets out there.

Krista Davis: Thank you, and we are out of time, so Julie, I'm going to turn it back over to you for some final remarks.

Julie Kueker: Thank you everyone for your kind attendance. If you are like, and you think of a question right after the webinar is over with, please email me. I'll answer that for you, and don't forget to register for the second in the series of June 26th. I know I'll see you there. As always, thank you for your commitment to improvement, and we'll see you on the next webinar. Thank you.

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